

Date: March 22, 2005

Inventor(s): Robert J. McDearmon  
 Serial No. 10/622,864  
 Date : July 18, 2003  
 Title : COMPLIANT LINEAR BEARING

COMMISSIONER FOR PATENTS  
 Alexandria, VA 22313-1450

000128

(Insert Customer Number)

Sir:

Transmitted herewith is an amendment in the above-identified patent application.

- Return Receipt Postcard  
 No additional claim fee is required.

The fee has been calculated as shown below:

|  | (Col. 1)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (Col. 2)<br>HIGHEST<br>NUMBER.<br>PREVIOUSLY<br>PAID FOR | (Col. 3)<br>PRESENT<br>EXTRA | SMALL<br>ENTITY<br>RATE | ADDIT.<br>FEE | OR | OTHER THAN A<br>SMALL ENTITY<br>RATE | ADDIT.<br>FEE |
|--|---|-------|--|------------------------------|-------------------------|---------------|----|--------------------------------------|---------------|
| Total  | *31   | minus | **32   | = 0                          | x \$25 =                | \$            | OR | x50 =                                | \$0           |
| Independent                                    | *6  | minus | ***6   | = 0                          | x \$100 =               | \$            | OR | x200 =                               | \$0           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |  |                              | +180                    | =             | OR | +360 =                               | \$0           |
|  |   |       |  |                              | TOTAL                   | \$            | OR | TOTAL                                | \$0           |

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write

"3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

Please charge my Deposit Account No. 01-1125 the amount of \$\_\_\_\_\_. A copy of this transmittal letter is enclosed.

A check in the amount of \$\_\_\_\_ to cover the extension fee is enclosed.

A check in the amount of \$\_\_\_\_ to cover the additional claims.

The Commissioner is hereby authorized to charge payment of the following fees with this communication or credit any overpayment to Deposit Account No. 01-1125. A duplicate copy of this transmittal letter is enclosed.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

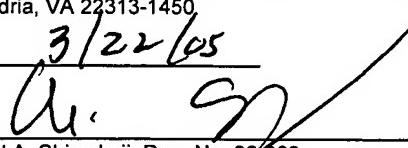
Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

  
Michael A. Shimokaji, Reg. No. 32,303

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

on 3/22/05  
  
 Michael A. Shimokaji, Reg. No. 32,303



PATENT  
H0004914-3146

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Robert J. McDearmon : Confirmation No.: 2907  
Serial No. 10/622,864 : Group Art Unit: 3682  
Filed: 07/18/2003 : Examiner: Hannon, Thomas R.  
For: Compliant Linear Bearing

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

In response to the Office Action dated as mailed on January 27, 2005, and having a period of response extending through and including April 27, 2005, please make the below-identified amendments and consider the following remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 9 of this paper.